

MANUFACTURED HOME DEALER--FINANCIAL STATEMENT

Legal Name of Business: Trade Name or DBA: Business Address: P.O. Box: City / State / Zip:	Financial Statement Date: (Must be dated not more than 90 days prior to the date of application/ renewal)	Manufactured Home Dealer No.:												
Business Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> *Limited Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship * If your business entity is a Limited Liability Corp., you must submit a CORPORATE financial statement.														
Net Worth Criteria ***Check One Box Only*** <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">No. of Manufactured Homes Sold in the Last 12 Months</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> New Dealer</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> 2-50 homes</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> 51-up homes</td> </tr> <tr> <td>Required Net Worth</td> <td style="text-align: center;">Non-Broker \$50,000</td> <td style="text-align: center;">\$50,000</td> <td style="text-align: center;">\$100,000</td> </tr> <tr> <td></td> <td style="text-align: center;">Broker (Also known as Broker-Restricted.) \$25,000</td> <td style="text-align: center;">\$25,000</td> <td style="text-align: center;">\$50,000</td> </tr> </table>			No. of Manufactured Homes Sold in the Last 12 Months	<input type="checkbox"/> New Dealer	<input type="checkbox"/> 2-50 homes	<input type="checkbox"/> 51-up homes	Required Net Worth	Non-Broker \$50,000	\$50,000	\$100,000		Broker (Also known as Broker-Restricted.) \$25,000	\$25,000	\$50,000
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	Broker (Also known as Broker-Restricted.) \$25,000	\$25,000	\$50,000											
<ul style="list-style-type: none"> Must submit either a financial statement or a bond. If applying for a first-time Manufactured home dealer license, you MUST submit verification of cash in bank. The referenced Schedules A & B MUST be filled in if there are any amounts listed on those lines. Fill in form completely, sign, and date. Submit in duplicate to: Dept. of Commerce, Division of Safety and Buildings, P.O. Box 1355, Madison, WI 53701-1355. In accordance with Comm 5.323 the following WILL NOT be counted when considering the net worth: notes receivables, leasehold improvements, officers notes and accounts, and intangible assets. 														

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

ASSETS

Current Assets

- | | |
|---|-----------------|
| 1. Cash in (bank name) _____ | \$ _____ |
| 2. Cash in (bank name) _____ | _____ |
| 3. Accounts receivable _____ | _____ |
| 4. Receivables from related parties _____ | _____ |
| 5. Securities owned (complete Schedule A) _____ | _____ |
| 6. No. _____ new Manufactured homes _____ | _____ |
| 7. No. _____ used Manufactured homes _____ | _____ |
| 8. New parts and accessories _____ | _____ |
| 9. Total current assets _____ | \$ _____ |
| 10. Land and buildings--dealer business (complete Schedule B) _____ | _____ |
| 11. Land and buildings--other (complete Schedule B) _____ | _____ |
| 12. Machinery/tools/equipment/office furniture/fixtures (complete Schedule B) _____ | _____ |
| 13. Other assets _____ | _____ |
| 14. _____ | _____ |
| 15. TOTAL ASSETS (must equal Line 33) _____ | \$ _____ |

LIABILITIES

Current Liabilities

- | | |
|---|-----------------|
| 16. Accounts payable _____ | \$ _____ |
| 17. Notes payable/bank _____ | _____ |
| 18. Accrued expenses _____ | _____ |
| 19. No. _____ new homes floor-planned through finance company _____ | _____ |
| 20. No. _____ used homes floor-planned through finance company _____ | _____ |
| 21. Total current liabilities _____ | \$ _____ |
| 22. Land and buildings--dealer business (complete Schedule B) _____ | _____ |
| 23. Land and buildings--other (complete Schedule B) _____ | _____ |
| 24. Machinery/tools/equipment/office furniture/fixtures (complete Schedule B) _____ | _____ |
| 25. Other liabilities _____ | _____ |
| 26. _____ | _____ |
| 27. TOTAL LIABILITIES _____ | \$ _____ |

EQUITY/NET WORTH

- | | |
|--|-----------------|
| 28. Capital stock (if corporation) _____ | \$ _____ |
| 29. Paid in capital _____ | _____ |
| 30. Retained earnings _____ | _____ |
| 31. Less treasury stock _____ | _____ |
| 32. TOTAL EQUITY/NET WORTH _____ | \$ _____ |
| 33. TOTAL LIABILITIES & EQUITY/NET WORTH (must equal Line 15) _____ | \$ _____ |

I, the undersigned, certify under penalty of 946.32 or 345.17 Wis. Stats., that this financial statement and supporting schedules submitted on behalf of the named applicant are true to the best of my knowledge.

X _____
 Signature of Manufactured Home Dealer Applicant Title Date

SCHEDULE A--SECURITIES OWNED (Line 5 of Financial Statement)

NO. OF SHARES OR FACE AMOUNT	ISSUER OF STOCKS/BONDS	REGISTERED IN NAME OF	COST
			\$
None of the above are pledged as security except items: In the amount of: \$			

SCHEDULE B—FIXED ASSETS (Lines 10-14 & 22-26 of Financial Statement)				
ASSETS	PROPERTY LOCATION	*COST	INDEBTEDNESS AMOUNT TO WHOM	
A. Land & Buildings Dealer Business		\$	\$	
B. Land & Buildings Other				
C. **Machinery/Tools Equip/Office furn				
D. Other				

* If using assessed or fair market value, you **must** attach a separate appraisal.
** List cost minus depreciation or net value.